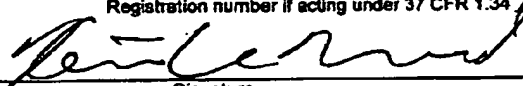


PTO/SB/22 (12-04)

| | | | |
|--|----------------------------------|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 021202-000900US | |
| FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).)</i> | | | |
| Application Number 10/015,530 | | Filed December 12, 2001 | |
| For METHOD AND SYSTEM FOR MANAGING HARDWARE RESOURCES TO IMPLEMENT SYSTEM FUNCTIONS USING AN ADAPTIVE COMPUTING ARCHITECTURE | | | |
| Art Unit 2183 | | Examiner O'Brien, Barry J. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| 0210 | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,933</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
| <u></u> Signature | | <u>1/14/05</u> Date | |
| <u>Kevin T. LeMond, Reg. No. 35,933</u> Typed or printed name | | <u>415-576-0200</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |

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